

CLAIMS ONLY							Application Number <b>10759499</b>		Filing Date	
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
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36			I				86			
37							87			
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39							89			
40							90			
41							91			
42							92			
43							93			
44	I		I				94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep	2		
Total Depend							Total Depend	18		
Total Claims							Total Claims	20		